

D.I. # _____

CIVIL ACTION

NUMBER: 05-785 SLRU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7005 1820 0004 3169 6169

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	1.85
Total Postage & Fees	\$ 4.64

Postmark Here

Sent To
First Correctional Medical, Inc.
Street, Apt. No.,
or PO Box No. 6861 North Crack Road
City, State, ZIP+4 TUCSON, AZ 85704

PS Form 3800, June 2002 See Reverse for Instructions